



BIRMINGHAM LINK REPORT BACK SHEET

Title /Purpose Of Meeting : Migrant & Refugee Mental Health Issues - Co working
Members Attending: Two Co-Chairs - Mental Health Action Group (MHAG)
Also Attending: Dave Newall & Several Others (see below 6 in all)
Date: 17th Oct 2011

Two MHAG Co-Chairs attended the West Mid's Councils Partnership Centre (WMCP) to meet with Dave Newall (Principal Policy Officer) and several other people from interested groups . Our defined MHAG interest was to meet on migrant & refugee mental health (and related) matters .

Other colleagues who met us at the WMCP Centre were :

Shari Brown from restore – info@restore-uk.org
Joanne Adams from "[Freedom from Torture](#)"
Charles Baguma from "Our Roots"
Ruth Leech from "Handsworth Welcome Project"
Tricia Yarwood from "Lifeline Options"

There were also apologies from Anna Munro from the Childrens Society's Refugee project work . We had expected someone from My Time and the Red Cross at the meeting.

We explained The Mental Health Action Group is charged under the Local Government Public Involvement In Health Act 2007 (Part 14 sections 221 - 229) with aiding the improvement of Health and Social Care services to people in the UK who have a need for them although we do recognise the particular legal difficulties surrounding some of the migrant and refugee issues that pertain to uncertain residential status , Health and Social Care access to services .

We explained Elsie Gayle (LINK Womens Health and Maternity Action Group Chair) had alerted us to some migrant mental health issues and we were prepared to aid alongside groups that could produce evidence and views to Commissioners to see what might be done in the future by way of equity of access factored into service re-design

It should be noted that at the time of writing this LINK report-back, PULSE Daily (GP orientated On-line journal) 18th Oct 2011 has co-incidentally highlighted potential disturbing discriminatory behaviours by PCT's in part of the country that seem to be taking migrants and refugees off GP lists (SEE THE BOTTOM OF THIS REPORT-BACK)

Unfortunately we did not have a minute taker at this meeting but there were some core points we recorded where we observed all might later build an approach . Firstly there was an awareness of a certain fragmentation of approach to the NHS itself coming back together on this area of work . It was certainly the feeling from one member of the discussion that locally the NHS and other related organisational approaches had fragmented over quite some time .

These type of insights led some of us to suggest that the groups with Migrant and Refugee health interest could strategically use the LINK situation to jointly work and empower each other better at Commissioner level . A form of synergy like that seems a required tactical approach right now in the economic context we are in. Contacting Birmingham Voluntary Services Centre was suggested, and Dave Newall and the MHAG Co-Chairs have said they will help to enable that . It was also put forwards that the different groups might learn some transferable lessons from the Mental Health (MH) Consortium approach in which some MH Third Sector org's jointly formed a Board from partners which have as their aim to secure contracts , cash , grants etc to aid bigger and smaller partners alike in their consortium approach.

There was an undeniable sense of deep knowledge of the difficulties and legal barriers faced for migrants and refugees in accessing mental health services in all but crisis areas. This presented a bleak picture to us in terms of people with depressive problems for instance accessing primary care side services such as talking therapies (IAPT) .

We talked about the areas of equality analysis and human rights levers in order for people to access services . As monitors of mental health we said we were still watching the development of equality analysis issues to see how they might become a tool for monitoring equity of access to services . No-one can feel comfortable about people without resources being denied further help when they need it especially in health .

None of us at this meeting had any illusions either about difficulties faced in access to services and the competitive population pressures on accessing services .

Actions:

- To contact BVSC alongside Dave Newall to suggest building a LINK Migrant Action Group Approach - BVSC assisting.
- To "Call for evidence" alongside Dave Newall so that conversations can take place with Commissioners - MHAG to support by being alongside those who wish to engage this approach .

See Pulse Daily Article below

GPs alarmed as 'highly discriminatory' list-cleansing targets migrants

18 Oct 2011

Exclusive Patients flagged as immigrants are being explicitly targeted in PCT list-cleansing exercises, GPs have claimed.

- [GPs face growing complaints over 'unfair removal' from practice lists](#)
- [Audit Commission to probe patient list 'inaccuracies'](#)
- [Pulse seminar: Bold Practice Management](#)

Practices in Oxfordshire and Berkshire have raised concerns that Thames Valley Primary Care Agency, an organisation jointly funded by PCTs in Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire, are using immigration flags in patient records as the basis for a 'highly discriminatory' list-cleansing drive.

The warning comes amid reports of a surge in tough list-cleansing schemes across the country, with Pulse recently revealing that GPs in parts of London had had up to a quarter of their patient lists removed without their knowledge.

GPs fear that the measures – being accelerated as part of PCTs' push to meet QIPP savings targets – are having a disproportionately adverse affect on migrant populations.

Dr Peter Burke, a GP in Oxford, said his practice had seen hundreds of migrant patients wrongly removed from its list because of the approach being taken.

He said: 'We've probably had several hundred immigrants taken off our list, many of whom are bona-fide UK residents but who have not responded to mailings. We only become aware of it when they consult and have to be re-registered. This means they don't get continuity of care, and the practice loses income.'

'The PCT has been upfront with us in saying they are using immigration flags in this way. This has been imposed centrally and is not just happening in our area.'

'I don't think the PCT is being malicious, but the approach is highly discriminatory.'

Dr Paul Roblin, secretary of Berkshire, Buckinghamshire and Oxon LMCs, said: 'People not born in the UK may be fearful of official sanctions, or their language isn't great, so they won't respond to that letter and get taken off a list incorrectly.'

'So the practice finds themselves with constant reductions in the number of patients on their lists, purely because they have a high immigrant population.'

Dr Tony Grewal, medical director at Londonwide LMCs, said GPs in some parts of the capital with a high immigrant population feared their practices could go out of business because PCTs were targeting multiple-occupancy households.

'Large numbers of immigrants have been removed because they do not have English as a first language,' he said.

An NHS Berkshire spokesperson said: 'Thames Valley Primary Care Agency's approach to list validation on behalf of PCTs is to work with the practices to ensure only those who have moved away are removed.'

'The agency writes out to a cross-section of the population throughout the year requesting clarification of address, for example to university halls of residence.'

'Ultimately, any decision to remove a patient from a list is the decision of the GP.'

An Oxfordshire PCT spokesperson said:

'In Oxfordshire, practices remain very much in control of managing their patient lists. Throughout the year Thames Valley Primary Care Agency writes out to a cross section of the population requesting clarification of address. Once patients have been flagged as "non-responders" their names are sent out to the relevant practices for them to have the final say as to whether they are still actively registered.

'Oxfordshire Primary Care Trust believes that those members of the public who do not respond for whatever reason should not and will not automatically be removed from patient lists without a request for input from practices themselves.'

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